Reaching men and key populations through HIVST in faith communities & successful models to increase case identification and VL suppression in children

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Side Event to the United Nations High-Level Meeting on Ending AIDS: Faith2EndAIDS

The Eastern Deanery AIDS Relief Program (EDARP)
Nairobi KENYA
Background – The EDARP EXPERIENCE

Karibu
Founded in 1993
With 1 priest & 1 nurse

Eastern slums of Nairobi
14 clinics / 30,000 clients / 1,600 under 18y

410 staff / 1,200 Community Health workers

POC

Essential Care

Comprehensive HIV/TB diagnosis & treatment, PMTCT, VMMC, targeted testing, community education & engagement with bio-psycho-social-spiritual model of care
The eastern slums of Nairobi
Targeted HIVST

To increase HIV case-finding and linkage to life-saving care for persons living with HIV, the faith-based Eastern Deanery AIDS Relief Program (EDARP) engaged inter-faith leaders and young adults in the community and clinical settings to introduce HIV self-testing (HIVST) in our service delivery model in the eastern slums of Nairobi.
Critical Necessity: Tracking every HIVST kit

Once the kit leaves our stock, it can be traced through either the patient, community health worker, or faith leader.
EDARP DATA: 6 months before HIVST; 6 months after HIVST (Nov 2018—Oct 2019)

- **HIV Self-Tests Distributed by Community Faith Leaders:**
  - Pre: 1313
  - Post: 1065

- **Standard HIV Tests:**
  - Pre: 28952
  - Post: 28321

- **Positive Tests:**
  - Pre: 24429
  - Post: 21703

- **Women:**
  - Pre: 294
  - Post: 1169

- **Men:**
  - Pre: 491
  - Post: 604

- **Newly linked to treatment:**
  - Pre: 288
  - Post: 625
Results during the first year

- Staff and local faith leaders trained in HIVST
- Increase in HIV diagnosis and linkage among men
- Increase in HIV diagnosis and linkage among women
- HIV testing yield increased from 1.2% (294/24,429) to 2.8% (604/21,703 p<0.0001) among men
- HIV testing yield increased from 1.7% (491/28,952) to 4.1% (1169/28,321 p<0.0001) among women.
These results have continued since the initial pilot study:

- **Decreasing** the number of tests performed while **increasing** positivity.
- Continuing to use **faith leaders/CHWs** who are trusted within the community.
- Decongesting clinics and providing home self and assisted testing during **COVID**.
- **Faith leaders** know the community members requesting prayers for healing.
- **Index testing** for all patients and their children, newly enrolled HIV positive patients and TB positive patients strictly adhering to the ethical implementation of index testing (encouragement not coercion).
- During FY 2021 99% of all **HIVST results** have been reported, 5.7% positivity.
Lessons Learned

- Seamless integration between the community and the clinic

- 24-hour hotline for HIVST users to answer questions and concerns

- Every HIVST kit must be tracked and traced for follow up support

- Weekly programmatic review and acknowledgement of top performing clinics

- Distribution of HIVST kits by local faith leaders can substantially increase case finding for both men and women

- These faith leaders can also provide other public health education and information, including COVID-19.
Conclusions

- **Leading with hope**
- **Engagement of trusted, trained local faith leaders in global health issues.**
- **Training that builds skills for partner elicitation with behavioral rehearsals.**
- **Creating a welcoming environment (Karibu) for all people, especially key populations.**
- **Responsibility of all staff to advance compassionate care.**
- **Regular debriefing that acknowledges the emotional and spiritual needs of staff.**
Pediatric Viral Load Suppression EDARP

Children (0-9 years)

- FY_2016: 68%
- FY_2018: 74%
- FY_2020: 83%
- FY_2021: 86%

Adolescents (10-19 years)

- FY_2016: 64%
- FY_2017: 72%
- FY_2018: 80%
- FY_2019: 85%
- FY_2020: 89%
- FY_2021: 93%

Fiscal Year
### Comprehensive, holistic person-centered Care: The Bio-Psycho-Social-Spiritual model

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<tr>
<th>Activity</th>
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<tr>
<td>Monthly support group meetings—appropriate disclosure part of each session</td>
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<td>Day-long activities during school holiday periods</td>
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<td>All support focusing on OTZ—0 missed appts, 0 missed doses, 0 viral load</td>
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<td>Peer-support pairing the “highs” and “lows”</td>
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<td>Peer-to-peer support via closed <strong>WhatsApp groups</strong></td>
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<td>EMR and POC laboratory so that clinicians have the data!</td>
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<td>Weekly multi-disciplinary team meetings to discuss clients with high VL. Clients invited to this meeting for transparent discussion</td>
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<td><strong>Comprehensive, holistic person-centered Care: The Bio-Psycho-Social-Spiritual model</strong></td>
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<td><strong>Home visits with CHW and Case Manager</strong></td>
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<td><strong>Parent/Guardian support and assessment</strong></td>
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<td><strong>Each child/adolescent paired with a CHW</strong></td>
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<td><strong>CHWs provide data to the clinic through a mobile platform</strong></td>
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<td><strong>CHWs work with parent/guardian and child on appropriate disclosure</strong></td>
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<td><strong>Site Team Leaders (Management) identify staff with the gifts, abilities and inclination to work with children and adolescents.</strong></td>
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<td><strong>Child/Adolescent sees the SAME clinician during each visit. (Relationship is KEY to understanding a child’s challenges with adherence)</strong></td>
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EDARP Community Health Workers from Local Faith Communities

- Integral to program design since our founding in 1993
- Management and staff see CHWs as key elements of treatment
- All are from local faith communities and active participants in their Small Christian Community
- Faith is their motivation and source of strength
- Monthly support meetings with clinical staff (Key is spiritual support for the CHW)
- Quarterly Seminars and Continuing Education
- Work within their Small Christian Community, Parish and larger community to address issues of stigma and discrimination.
Thank you. Asante sana.
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Eastern Deanery AIDS Relief Program (EDARP)

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https://www.interfaith-health-platform.org

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Ensuring everyone with HIV a long and healthy life